

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 9				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-11-044			Contract Period   06/06/2011   To   06/05/2013 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name Introduction to the PCB				
Contractor EASTERN RESEARCH GROUP, INC.					Specify Section and paragraph of Contract SOW Task Area I - Training/Meetings/Workshops					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   10/13/2011   To   09/30/2012				
Comments: The purpose of this work assignment is to develop the introductor training manual for PCB Inspectors. EPA estimates 275 hours will be required for this effort.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFO <input type="checkbox"/> (Max 2)										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
06/06/2011 To 06/05/2013										
This Action:						0				
Total:						0				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:			LOE:			
Cumulative Approved:				Cost/Fee:			LOE:			
Work Assignment Manager Name   Everett Bishop							Branch/Mail Code:			
							Phone Number   202-564-7032			
_____ (Signature)                      (Date)							FAX Number:			
Project Officer Name   Willie Griffin							Branch/Mail Code:			
							Phone Number: 202-564-2077			
_____ (Signature)                      (Date)							FAX Number:			
Other Agency Official Name							Branch/Mail Code:			
							Phone Number:			
_____ (Signature)                      (Date)							FAX Number:			
Contracting Official Name   Cara Lynch							Branch/Mail Code:			
							Phone Number: 202-564-4734			
_____ (Signature)                      (Date)							FAX Number:			